

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-035103
STATE FILE NUMBER

Health,
Welfare
Public
Service

FILED SEP 22 1958		317	500	2195
Registration District No.		Primary Registration District No.		Registrar's No.
1. PLACE OF DEATH a. COUNTY <i>St. Louis</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>St. Louis</i>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Koch, Missouri</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <i>St. Louis City</i>	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Robert Koch Hosp. 113 days</i>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <i>20 So. 8th St.</i>	
3. NAME OF DECEASED (Type or print) First <i>Chung</i> Middle Last <i>Lee</i>		4. DATE OF DEATH Month <i>Aug.</i> Day <i>21</i> Year <i>1958</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>4 Chinese</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>10-4-74</i>	9. AGE (In years last birthday) <i>83</i> IF UNDER 1 YEAR: Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Belmont dry goods store</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <i>China 7</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13. FATHER'S NAME <i>Unknown</i>		
14. MOTHER'S MAIDEN NAME <i>Unknown</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>NO</i>		
16. SOCIAL SECURITY NO. <i>UNK.</i>		17. INFORMANT <i>Koch Hospital Records, Koch, Missouri</i>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Squamous Cell Carcinoma of Tongue with Metastases to Larynx</i>				INTERVAL BETWEEN ONSET AND DEATH <i>141.9A</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>Pulmonary Tuberculosis, Far Advanced</i>				19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour: _____ Month, Day, Year _____ a. m. _____ p. m. _____				
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from <i>7-1-58</i> to <i>8-20-58</i> and last saw her alive on <i>8-20-58</i> Death occurred at <i>8-21-58 12:25 A</i> m on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE (Degree or title) <i>Dr. James M.D.</i>		22b. ADDRESS <i>Robert Koch Hospital, Koch Mo</i>		22c. DATE SIGNED <i>8-21-58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>8-22-58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Valhalla Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>St. Louis County, Mo.</i>	
24. FUNERAL DIRECTOR ADDRESS <i>Albert H. Hoppe 4700 Washington, Blvd.</i>		25. DATE RECD. BY LOCAL REG. <i>8-22-58</i>	26. REGISTRAR'S SIGNATURE <i>Herbert R. Drake M.D.</i>	

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All No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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STATEMENT BY LICENSED EMBALMER —

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *G. W. Wilkinson*

Licensed Embalmer No. *38*

P. O. Address *W. Low*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.